FCC Form 470

Approval by OMB 3060-0806

Schools and Libraries Universal Service

Description of Services Requested and Certification Form 470

Estimated Average Burden Hours per Response: 3 hours

This form is designed to help you describe the eligible services you seek so that this data can be posted on the Fund Administrator Internet Site and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before beginning this form.

Form 470 Application Number: 257780001026816	Applicant's Form Identifier:
Application Status: CERTIFIED	Posting Date: 02/17/2012
Allowable Contract Date: 03/16/2012	Certification Received Date: 02/17/2012
Block 1: Applicant Address and Information	9 05
Name of Applicant: LAS VEGAS WEST SCHOOL DISTRICT	
 2 Funding Year: 2012 (Funding years run from July 1 through the following Ju 3 Entity Number: 143288 4a Street Address, P.O.Box, or Route Number: 179 BRIDGE ST 	ine 30)
City: LAS VEGAS State: NM Zip Code: 87701 -3426 4b Telephone Number: (505) 426 -2306 4c Fax Number: (505) 426 -2318 5a Eligible Entities That Will Receive Services: Check the ONE choice in 5a that best describes the eligible entities that will receive	the services described in this form. You will then list in Item 15 the entity/entities that
will pay the bills for these services.	**************************************
C Individual School (individual public or non-public school)	
School District (LEA; public or non-public [e.g., diocesan] local district representation.	esenting multiple schools)
C Library (including library system, library outlet/branch or library consortium	as definedunder LSTA)
C Consortium (intermediate service agencies, states, state networks, consor	rtia of schools and/or libraries)
C Statewide application for (enter 2-letter state code)	
representing (check all that apply)	
All public schools/districts in the state	
All non-public schools in the state	
All libraries in the state	
, while the state	
5b Recipient(s) of Services - Check all that apply:	
☐ Private ☐ Public	Charter
Established State	C State Agency
☐ Tribal ☐ Head Start	☐ State Agency
5c Number of eligible entities for which services are sought: 1	
Block 1: Applicant Address and Information (continued)	
6a Contact Person's Name:	
David Maestas	
If the Contact Person's Street Address is the same as Item 4a above, check here. If	not, complete Item 6b.
6b Street Address, P.O.Box, or Route Number:	
NOTE: USAC will use this address to mail correspondence	
6404 Oak Hill NE	
City: Albuquerque State: NM Zip Code: 87701 -3426 Check the box next to your preferred mode of contact and provide your contact information	on. One box MUST be checked and an entry provided.
☐ 6c Telephone Number: (505) 271 -0400 ☐ 6d Fax Number: (505) 242 -0395 ☐ 6e E-Mail Address: david@telcomsol.net Re-enter E-mail Address: david@telcomsol.net If a consultant is assisting you with your application process, please complete	Item 7 below:
7 Consultant Name: Telcom Solutions Inc.	
Name of Consultant's Employer: Telcom Solutions Inc.	
Consultant's Street Address: 6404 Oak Hill NE	
Telcom Solutions Inc.	
City: Albuquerque State: NM Zip Code: 87111	
Consultant's Telephone Number: (505) 238-2900 Ext.	
Consultant's Fax Number: (505) 242-0395	
Consultant's E-mail Address:	
Re-enter E-mail Address:	
Consultant Registration Number:	



015		USAC 470 Application
Entity Number: 143288		Applicant's Form Identifier:
Contact Person: David Maestas		Phone Number: (505) 271-0400
Block 2: Summary Descript	ion of Needs or Services F	Requested
8 Telecommunication Services		
If you check YES to indicate you have 28 days. If your RFP is not available	ve a Request for Proposals (RFP) that to all interested bidders, or if you che	t specifies the services you are seeking, your RFP must be available to all interested bidders for at leaseck NO and you have or intend to have an RFP, you risk denial of your funding requests.
a VES, I have released or intend	to release an RFP for these services.	It is available or will become available on the Internet at:
or via (check one)	the contact person in Item 6 or	the contact person listed in Item 12
Your RFP Indentifier:		
You RFF Indentities.		
b NO, I have not released and do	not intend to release an RFP for these	e services.
Service	Quantity and/or Capacity	
Internet Access	3- DSL cirucuits	
Analog Lines	24 Lines	
Wireless Cellular Services	32	
PRI Circuits	3	
Long Distance Services	District wide	
Extream 480 Switches	5	
UPS Battery Backups	8	
Cloud based Student e-Mail Services	1	
Meru Wireless Access points	15	
Cat 6 Ethernet Drops through District	80	
Internet Access	T-3 for District 100 mbps	
Server for DHCP at Central office	1	
Outdoor Fiber Optic cabling 6 Strand	300	
Network Basic Maintenance	1	
Phone Basic Maintenance	1	
Website Hosting	1	
9 Internet Access		
If you check YES to indicate you have 28 days. If your RFP is not available	e a Request for Proposals (RFP) that to all interested bidders, or if you che	t specifies the services you are seeking, your RFP must be available to all interested bidders for at leas tok NO and you have or intend to have an RFP, you risk denial of your funding requests.
a FYES, I have released or intend to	o release an RFP for these services. I	It is available or will become available on the Internet at:
CONTROL SOCIONAL DE CONTROL DE LA CONTROL DE	he contact person in Item 6 or	The contact person listed in Item 12
Your RFP Indentifier:		Page 41
b NO, I have not released and do	not intend to release an RFP for these	eservices.
Whether you check YES or NO, you m for 500 users).	ust list below the Internet Access serv	vices you seek. Specify each service (e.g., monthly Internet service) and quantity and/or capacity (e.g.,
Service Quantity and/or Capacity T-3 1		*

Entity Number: 143288		Applicant's Form Identifier:
Contact Person: David Mad	estas	Phone Number: (505) 271-0400
10 Internal Connections Oth	ner Than Basic Maintenance	
If you check YES to indica 28 days. If your RFP is no	ate you have a Request for Proposals (RFP) th of available to all interested bidders, or if you ch	at specifies the services you are seeking, your RFP must be available to all interested bidders for at leas neck NO and you have or intend to have an RFP, you risk denial of your funding requests.
a VES, I have released	or intend to release an RFP for these services.	. It is available or will become available on the Internet at:
or via (check one)		the contact person listed in Item 12
Your RFP Indentifier:		
b NO, I have not release	ed and do not intend to release an RFP for the	se services,
Whether you check YES or (e.g., connecting 1 classroo		ons services you seek. Specify each service (e.g., a router,hub and cabling) and quantity and/or capacity
Service Quantities Servers and Voice 1	ty and/or Capacity	
11 Basic Maintenance of Int	ernal Connections	
		at specifies the services you are seeking, your RFP must be available to all interested bidders for at leas seck NO and you have or intend to have an RFP, you risk denial of your funding requests.
a FYES, I have released of	or intend to release an RFP for these services.	It is available or will become available on the Internet at:
or via (check one)	The contact person in Item 6 or	the contact person listed in Item 12
Your RFP Indentifier:		
b NO, I have not release	ed and do not intend to release an RFP for thes	se services.
Whether you check YES or capacity (e.g., for 10 routers		e services you seek. Specify each service (e.g., basic maintenance of routers) and quantity and/or
Service	Quantity and/or Capacity	
Maintenance on Servers an	d Voice 1	

Entity Number: 143288 Applicant's Form Identifier:

Contact Person: David Maestas Phone Number: (505) 271-0400

12 (Optional) Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This person does not need to be the contact person(s) listed in Item 6 nor the Authorized Person who signs this form.

Name:

David Maestas

Title:

Consultant

Telephone Number: (505) 238 - 2900

Fax Number: (505) 242 - 0395

Email Address: david@telcomsol.net

Re-enter E-mail Address: david@telcomsol.net

13 Check this box if there are any restrictions imposed by state or local laws or regulations on how or when service providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures and/or provide an Internet address where they are posted and a contact name and telephone number.

Check this box if no state and local procurement/competitive bidding requirements apply to the procurement of services sought on this Form 470.

If you are requesting services for a funding year for which a Form 470 cannot yet be filed online, include that information here.

Block 3:

14. [Reserved]

Entity Number: 143288	Applicant's Form Identifier:
Contact Person: David Maestas	Contact Phone Number: (505) 271-0400
Block 4: Beginiente of Service	

slock 4: Recipients of Service

15 Billed Entities

List the entity/entities that will be paying the bills directly to the provider for the services requested in this form.

These are known as Billed Entities. At least one line of this item must be completed. If a Billed Entity cited on your FCC Form 471 is not listed below, funding may be denied for the funding requests associated with this FCC Form 470. Attach additional pages if needed.

Entity Number Entity Name

143288

LAS VEGAS WEST SCHOOL DISTRICT

ontac	Number: 143288	Applicant's Form Identifier:
Slool	ct Person: David Maestas k 5: Certifications and Signature	Contact Phone Number: (505) 271-0400
16	3	
10	I certify that the applicant includes: (Check one or both.)	ary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801 (18) and (38), that
	not operate as for-profit businesses, and do not have endowments	
		rary administrative agency under the Library Services and Technology Act of 1996 that do not
	operate as for-profit businesses and whose budgets are complete colleges, and universities).	ely separate from any schools (including, but not limited to elementary and secondary schools,
		schools and libraries receiving services under this form are covered by technology plans that do or
17	will cover all 12 months of the funding year, and that have been or	r will be approved by a state or other authorized body, or an SLD-certified technology plan approve
	prior to the commencement of service.	
10	Or I certify that no technology plan is required by Commiss	sion rules.
		any applicable RFP available for at least 28 days before considering all bids received and selecting
18	a service provider. I certify that all bids submitted will be carefully price being the primary factor, and will be the most cost-effective r	considered and the bid selected will be for the most cost-effective service or equipment offering, we means of meeting educational needs and technology goals.
	I certify that I will retain required documents for a period of at least	it five years after the last day of service delivered. I certify that I will retain all documents necessary
19	demonstrate compliance with the statute and Commission rules re	egarding the form for, receipt of, and delivery of services receiving schools and libraries discounts.
	acknowledge that I may be audited pursuant to participation in the	e schools and libraries program. Ivided by 47 U.S.C. § 254 will be used primarily for educational purposes, see 47 C.F.R. § 54.500,
	and will not be sold, resold or transferred in consideration for mon-	ney or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. § 54.51
20		ave not received anything of value or a promise of anything of value, other than services and
	services.	er, or any representative or agent thereof or any consultant in connection with this request for
		litional upon the school(s) and/or library(ies) I represent securing access, separately or through this
21		ftware, internal connections, maintenance, and electrical capacity necessary to use the services d resources are not eliqible for support, I certify that I have considered what financial resources
	should be available to cover these costs.	d resources are not engine for support, recently that there considered what interior resources
22		gible entity(ies). I certify that I am authorized to submit this request on behalf of the eligible entity(i
	listed on this form, that I have examined this request, and to the be	est of my knowledge, information, and belief, all statements of fact contained herein are true. rocurement/competitive bidding requirements and that I have complied with them. I acknowledge
23		rocurement/competitive bloding requirements and that I have compiled with them, I acknowledge punished by fine or forfeiture, under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine o
	imprisonment under Title 18 of the United States Code, 18 U.S.C.	**************************************
24	I acknowledge that FCC rules provide that persons who have beer the schools and libraries support mechanism are subject to susper	n convicted of criminal violations or held civilly liable fer certain acts arising from their participation
ntity l	Number: 143288	Applicant's Form Identifier:
	t Person: David Maestas	Contact Phone Number: (505) 271-0400
0.5		
25	Signature of authorized person:	26 Date: 02/16/2012
	Control of the Contro	
2/a	Printed name of authorized person:	
	David Maestas	
276	THE STATE OF THE S	
27b	Title or position of authorized person:	
	Consultant	
	Check here if the consultant in Item 7 is the Authorized Person.	
	Shock hard if the bondarian in term / Is the Administrative and the	
27c	Check here if the consultant in Item 7 is the Authorized Person. Street Address, P.O. Box, Route Number, City, State, Zip Code:	
27c	Shock hard if the bondarian in term / Is the Administrative and the	
27c	Street Address, P.O. Box, Route Number, City, State, Zip Code: 6404 Oak Hill NE	
27c	Street Address, P.O. Box, Route Number, City, State, Zip Code: 6404 Oak Hill NE City: Albuquerque	
27c	Street Address, P.O. Box, Route Number, City, State, Zip Code: 6404 Oak Hill NE City: Albuquerque State: NM	
	Street Address, P.O. Box, Route Number, City, State, Zip Code: 6404 Oak Hill NE City: Albuquerque State: NM Zip Code: 87111	
	Street Address, P.O. Box, Route Number, City, State, Zip Code: 6404 Oak Hill NE City: Albuquerque State: NM	
	Street Address, P.O. Box, Route Number, City, State, Zip Code: 6404 Oak Hill NE City: Albuquerque State: NM Zip Code: 87111	
27d	Street Address, P.O. Box, Route Number, City, State, Zip Code: 6404 Oak Hill NE City: Albuquerque State: NM Zip Code: 87111 Telephone Number of Authorized Person: (505) 271-0400	
27d	Street Address, P.O. Box, Route Number, City, State, Zip Code: 6404 Oak Hill NE City: Albuquerque State: NM Zip Code: 87111 Telephone Number of Authorized Person:	
27d	Street Address, P.O. Box, Route Number, City, State, Zip Code: 6404 Oak Hill NE City: Albuquerque State: NM Zip Code: 87111 Telephone Number of Authorized Person: (505) 271-0400	
27d 27e	Street Address, P.O. Box, Route Number, City, State, Zip Code: 6404 Oak Hill NE City: Albuquerque State: NM Zip Code: 87111 Telephone Number of Authorized Person: (505) 271-0400 Fax Number of Authorized Person: (505) 242-0395	
27d 27e	Street Address, P.O. Box, Route Number, City, State, Zip Code: 6404 Oak Hill NE City: Albuquerque State: NM Zip Code: 87111 Telephone Number of Authorized Person: (505) 271-0400 Fax Number of Authorized Person: (505) 242-0395 E-mail Address of Authorized Person:	
27d 27e	Street Address, P.O. Box, Route Number, City, State, Zip Code: 6404 Oak Hill NE City: Albuquerque State: NM Zip Code: 87111 Telephone Number of Authorized Person: (505) 271-0400 Fax Number of Authorized Person: (505) 242-0395	
27d 27e	Street Address, P.O. Box, Route Number, City, State, Zip Code: 6404 Oak Hill NE City: Albuquerque State: NM Zip Code: 87111 Telephone Number of Authorized Person: (505) 271-0400 Fax Number of Authorized Person: (505) 242-0395 E-mail Address of Authorized Person:	
27d 27e	Street Address, P.O. Box, Route Number, City, State, Zip Code: 6404 Oak Hill NE City: Albuquerque State: NM Zip Code: 87111 Telephone Number of Authorized Person: (505) 271-0400 Fax Number of Authorized Person: (505) 242-0395 E-mail Address of Authorized Person: david@telcomsol.net	
27d 27e 27f	Street Address, P.O. Box, Route Number, City, State, Zip Code: 6404 Oak Hill NE City: Albuquerque State: NM Zip Code: 87111 Telephone Number of Authorized Person: (505) 271-0400 Fax Number of Authorized Person: (505) 242-0395 E-mail Address of Authorized Person: david@telcomsol.net Re-enter E-mail Address: david@telcomsol.net	
27d 27e	Street Address, P.O. Box, Route Number, City, State, Zip Code: 6404 Oak Hill NE City: Albuquerque State: NM Zip Code: 87111 Telephone Number of Authorized Person: (505) 271-0400 Fax Number of Authorized Person: (505) 242-0395 E-mail Address of Authorized Person: david@telcomsol.net Re-enter E-mail Address: david@telcomsol.net Name of Authorized Person's Employer:	
27d 27e 27f	Street Address, P.O. Box, Route Number, City, State, Zip Code: 6404 Oak Hill NE City: Albuquerque State: NM Zip Code: 87111 Telephone Number of Authorized Person: (505) 271-0400 Fax Number of Authorized Person: (505) 242-0395 E-mail Address of Authorized Person: david@telcomsol.net Re-enter E-mail Address: david@telcomsol.net	
27d 27e 27f	Street Address, P.O. Box, Route Number, City, State, Zip Code: 6404 Oak Hill NE City: Albuquerque State: NM Zip Code: 87111 Telephone Number of Authorized Person: (505) 271-0400 Fax Number of Authorized Person: (505) 242-0395 E-mail Address of Authorized Person: david@telcomsol.net Re-enter E-mail Address: david@telcomsol.net Name of Authorized Person's Employer: Telcom Solutions In.	
227d 227e 227f	Street Address, P.O. Box, Route Number, City, State, Zip Code: 6404 Oak Hill NE City: Albuquerque State: NM Zip Code: 87111 Telephone Number of Authorized Person: (505) 271-0400 Fax Number of Authorized Person: (505) 242-0395 E-mail Address of Authorized Person: david@telcomsol.net Re-enter E-mail Address: david@telcomsol.net Name of Authorized Person's Employer: Telcom Solutions In.	with preparation or certification of an FCC Form 470 process and result in the denial of funding requests.

Entity Number: 143288 Applicant's Form Identifier:
Contact Person: David Maestas Phone Number: (505) 271-0400

NOTICE: In accordance with Section 54.503 of the Federal Communications Commission's rules, certain schools and libraries ordering services that are eligible for and seeking universal service discounts must file this Description of Services Requested and Certification Form (FCC Form 470) with the Universal Service Administrator, 47 C.F.R. § 54.503(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.503. Schools and libraries must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, information provided in or submitted with this form or in response to subsequent inquiries may also be subject to disclosure consistent with the Communications Act of 1934, FCC regulations, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law.

If you owe a past due debt to the federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your form without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

FCC Form 470 October 2010

New Search

Return To Search Results